

EDUCATION RECORDS REQUEST CHECKLIST

TO: NAME _____ RE: STUDENT'S NAME _____

POSITION _____ BIRTHDATE _____

ADDRESS _____ SCHOOL _____

To assist in planning the most appropriate educational program for the student named above, please send available records requested to:

NAME _____

POSITION _____

SCHOOL _____

ADDRESS _____

RECORDS REQUESTED INCLUDE THOSE CHECKED:

- ☐ Class Schedule and Grades at Withdrawal
- ☐ Transcript
- ☐ Credits earned
- ☐ Test Data
- ☐ Special Education Records (include most recent IEP)
- ☐ School Psychological Assessments
- ☐ School Social Work Reports
- ☐ Career Inventories
- ☐ Attendance Data
- ☐ Health Records

☐ Available information
indicates need for Special
Education Placement

Enclosed is a signed Consent for Mutual Exchange of Information. records obtained in response to this request will be in compliance with the Family Educational Rights and Privacy Act and will be available for inspection by the parents/legal guardians.

SIGNATURE _____ DATE _____

POSITION _____

AGENCY _____

ADDRESS _____

TELEPHONE NUMBER _____

Copies To:

1. Local School District
2. Legal File - School Section
3. Legal File - Residential Section
4. Diagnostic Unit